OFFICIAL

	HCFA-PM-91 AUGUST 1991		(BPD)	OMB No.:	0938-
S	tate/Terri	tory	<u>, </u>	Indiana		
Citation 42 CFR 447.	51			Cost Sharing and Sim		
through 447	.58 (a	1)	deduct:	a waiver under 42 CFI lbles, coinsurance rat the maximum allowable	tes, and	copayments do no
1916(a) and of the Act	(b) (b)	and (6 catego: benefic	as specified in items below, with respect rically needy or as quairies (as defined in a) under the plan:	to indiv	iduals covered as Medicare
		(1)	No imp	enrollment fee, premiused under the plan.	ım, or si	milar charge is
		(2)	cha	deductible, coinsurant age is imposed under t lowing:		
				Services to individual ander	ls under	age 18, or
				/ Age 19		
				/ Age 21		
				Reasonable categories age 18 or older, but u charges apply are list	inder age	21, to whom
			` ,	Services to pregnant voregnancy or any other	r medical	ated to the condition that

TN No. 93-001
Supersedes Approval Date 5-20-93
Effective Date 4-1-93
HCFA ID: 7982E

Indiana

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AUGUST 1991

ст 1991

State/Territory: ____

Citation

4.18(b)(2) (Continued)

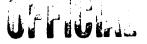
42 CFR 447.51 through 447.58 (iii) All services furnished to pregnant women.

// Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
- (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.
- (vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act, P.L. 99-272, (Section 9505) (viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 91-18
Supersedes Approval Date 3-/3-92 Effective Date 1-1-92
TN No. 86-8



Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory:		Indiana
Citation	4.18(b) (C	ontinue	ed)
42 CFR 447 through 447.48	7.51 (3)	appli copay servi	is a waiver under 42 CFR 431.55(g) les, <u>nominal</u> deductible, coinsurance, yment, or similar charges are imposed for less that are not excluded from such charges titem (b)(2) above.
		<u> </u>	Not applicable. No such charges are imposed.
	(:	i) Fo	or any service, no more than one type of marge is imposed.
	(i.		narges apply to services furnished to the ollowing age groups:
			<u>∕</u> ✓ 18 or older
			// 19 or older
			<u>/</u> / 20 or older
			// 21 or older
		_7	Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.
Supersedes	03-001 01-18 Approval Da	ate 5	-20-93 Effective Date
TN No			HCFA ID: 7982E

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Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State/Territory: Indiana

Citation 42 CFR 447.51 through 447.58 4.18(b)(3) (Continued)

- (iii) For the categorically needy and qualified Medicare beneficiaries, <u>ATTACHMENT 4.18-A</u> specifies the:
 - (A) Service(s) for which a charge(s) is applied;
 - (B) Nature of the charge imposed on each service;
 - (C) Amount(s) of and basis for determining the charge(s);
 - (D) Method used to collect the charge(s);
 - (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
 - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
 - (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

 $\sqrt{\chi}$ Not applicable. There is no maximum.

TN No. 93-001 Supersedes Appr	oval Date <u>5-20-93</u>	Effective Date4-1-93	_
TN NO			

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Indiana State/Territory:

Citation 1916(c) of the Act

4.18(b)(4) // A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902(a)(52) and 1925(b) of the Act

4.18(b)(5) // For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

1916(d) of the Act

4.18(b)(6) $\angle /$ A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. $\underline{\text{ATTACHMENT 4.18-E}}$ specifies the method and standards the State uses for determining the premium.

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Revision:	HCFA-P AUGUST	M-91-4 (B 1991	PD)		•	OMB No.:	0938-	HL
	State/T	erritory:	Ir	ndiana				
Citation 42 CFR 44		.18(c) <u>/</u> /		viduals are plan.	e covered	as medica	ally needy	under
through 44	47.58	(1) /	i a s C r n	n enrollment mposed. A'mount of an ubject to the FR 447.52(legarding the on-payment imilar chair	TTACHMENT of liabilithe maximum b) and define effect of the en	4.18-B sp ty period m allowab ines the on recipi	ecifies to the second to the second terms of t	the charges in 42 policy
447.51 thi 447.58	rough	(2)	0	o deductib r similar (he followin	charge is :			plan for
			(i)	Services under	to individ	duals und	ler age 18	, or
					Age 19			
					Age 20			
				<u></u>	Age 21			

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

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prepared the state of the state	3-13-92	Effective Date <u>1-1-92</u>
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AUGUST 1991

State/Territory: Indiana

Citation 4.18 (c)(2) (Continued)

42 CFR 447.51

through

447.58



(ii) Services to pregnant women related to the pregnancy or any other medical condition

that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
- (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act, P.L. 99-272 (Section 9505) (vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through 447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

// Not applicable. No such charges are imposed.

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Supersedes	Approval	Date	3-13-92	Effective Date	1-1-92
TN No. $86-8$	_				

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938
	State/Territory	y:	Indiana
Citation	4.18(c)(no si no	less a waiver under 42 CFR 431.55(g) applies, minal deductible, coinsurance, copayment, or milar charges are imposed on services that are texcluded from such charges under item (b)(2) ove.
		<u>∠</u> *	Not applicable. No such charges are imposed.
		(i)	For any service, no more than one type of charge is imposed.
		(ii)	Charges apply to services furnished to the following age group:
			/ 18 or older
			/_/ 19 or older
			/_/ 20 or older
			∠/ 21 or older
			Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 91-18 Supersedes Approval Dat	e 3-/3-92	Effective Date 1-1-92
TN No. 86-8		HCFA ID: 7982E

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Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

State/Territory: __

Indiana

Citation

4.18(c)(3) (Continued)

447.51 through

(iii) For the medically needy, and other optional groups, <u>ATTACHMENT 4.18-C</u> specifies the:

447.58

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;

OMB No.:

- Amount(s) of and basis for determining (C) the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- Procedures for implementing and enforcing the exclusions from cost sharing (F) contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
 - Not applicable. There is no maximum.

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